

# PUBLIC HEALTH REPORT

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## Therapeutic Abortions— Second Annual Report

CALIFORNIA'S THERAPEUTIC Abortion Act, which took effect 8 November 1967, provides that abortions may be performed in hospitals accredited by the Joint Commission on Accreditation of Hospitals when a committee of the hospital's medical staff finds that there is a substantial risk that the continuance of the pregnancy would gravely impair the physical or mental health of the mother, or that the pregnancy resulted from rape or incest. Applications based on alleged rape or incest must be reported to the district attorney of the county in which the alleged violation occurred. If he does not give an opinion of probable cause of the pregnancy within five days, the hospital's committee may make the decision.

In a separate resolution, the Legislature requested that the State Department of Public Health submit an annual report regarding the experience under the law. The first annual report was summarized in CALIFORNIA MEDICINE, Vol. 108, No. 5, May 1968. The recently issued second annual report presents information on California's first 11 months under the Act, from 8 November 1967 to 30 September 1968.

To evaluate the effect of the law on the child-bearing experience of California women, therapeutic abortion figures should be related to the total number of pregnancies in the state. This number is not known because many illegal abortions take place in California, with estimates ranging

from 20,000 to 120,000 per year. Without valid pregnancy data, therapeutic abortions must be related to live birth statistics.

During the 11-month period covered by the second annual report, 221 of the state's 477 accredited hospitals received abortion requests. There was a total of 4,291 applications; 3,673 requests (86 percent) were based on danger to the mental health of the mother, 253 (6 percent) on danger to physical health, and 365 (9 percent) on rape or incest.

Three thousand nine hundred and three requests (91 percent) were approved and 3,775 (88 percent) were carried out. Abortions were performed on 89.2 percent of the applicants giving reasons of mental health, 82.6 percent of those whose request was based on physical health and 79.5 percent of those who gave rape or incest as a reason.

The San Francisco Bay Statistical Area (San Francisco, Sonoma, Napa, Solano, Contra Costa, San Mateo, Marin, Alameda and Santa Clara counties), which has 23 percent of the state's births, had 63 percent of the abortions. The Los Angeles Metropolitan Area (Los Angeles and Orange counties) with 44 percent of the state's births had only 19 percent of the abortions. In the San Francisco Bay Area, 31 abortions were performed per 1,000 live births; in the Los Angeles Metropolitan Area, only five per 1,000.

Although these differences cannot be explained without more information and a more intensive analysis of data from several sources, impediments to the applications of the law in Southern California may account for the smaller number of legal abortions there.

Forty of the 77 county hospitals are accredited and 9.6 percent of the abortions were performed in them, although they received a proportionate number of applications (12 percent). The rate of approval in county hospitals (71 percent) was

much below that in non-county hospitals (90 percent).

What kinds of women requested and received abortions? Ninety percent were white, a proportion corresponding to the race distribution of live births in 1967. Over half were married. Almost all were California residents. They ranged in age from 12 to 46 years, with a median age of 25. The under-20's had most of the abortions that were performed because of rape or incest. Relative to total live births, women in the age group 15 to 19 and in the over 39 age group had proportionately more abortions than those in the 20 to 39 group.

First pregnancies made up about one-third of the live births and one-half of the therapeutic abortions, indicating there is an over-representation of childless women seeking abortions. The proportion of women with three or more previous pregnancies was equally represented, comprising one fifth of the live births and one-fifth of the abortions.

The effect of the California therapeutic abortion law might be better understood if statistical and epidemiological resources were augmented to permit study of the incidence of illegal abortion and also an assessment of community knowledge and attitudes regarding the law and its application.

### REMOVING COMMON DUCT STONES RETAINED AFTER OPERATION

"Ten to 20 percent of common duct operations in which stones are found are second procedures. In other words, the second operation, while not frequent, is not uncommon. Re-operation for the overlooked or retained stone is primarily a matter of getting an overlooked stone out or, less frequently, of doing some additional surgical procedure in the hope that the stone or stones will subsequently pass if they are unremovable at the time of the first operation.

"Numerous devices and techniques have been described. In one, the blunt end of a catheter is inserted and suction is applied to the other end; in another, a large catheter is put in (almost occluding the common duct), 40 or 50 ml of saline or Ringer's solution is injected, and the catheter is withdrawn. This sometimes seems to distend the duct and allow the stones to come out. A third method is to knead or massage the liver; this will sometimes dislodge stones."

—NORMAN M. CHRISTENSEN, M.D., Eureka  
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scription series of tape-recorded programs.